

# **EXHIBIT C**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor:  
USA Commercial Mortgage Company

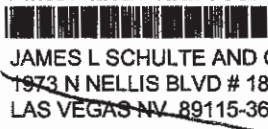
Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address:



11321241003182

JAMES L SCHULTE AND CYNTHIA L SCHULTE  
1973 N NELLIS BLVD # 180  
LAS VEGAS NV 89115-3647162 0bed Point  
Crossville, TN  
38571

Creditor Telephone Number (757) 339-9849

Last four digits of account or other number by which creditor identifies debtor:

Tapia Ranch

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

## 1. BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicer (not for loan balances)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2. DATE DEBT WAS INCURRED: 06/08/05

## 3. IF COURT JUDGMENT, DATE OBTAINED:

## 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

 Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$ 50,000.00 \$ 50,000.00 \$ 50,000.00  
AT TIME CASE FILED: (unsecured) (secured) (priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

## BY MAIL TO:

BMC Group

Attn: USACM Claims Docketing Center

P. O. Box 911

El Segundo, CA 90245-0911

## BY HAND OR OVERNIGHT DELIVERY TO:

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

DATE 11-06-06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

James L. Schulte James Lee Schulte

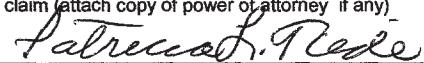
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA  |  | PROOF OF CLAIM   |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
|---|--|--|--|---|--|--|--|---|--------------------------------|--|---|---------------------------------------|---|-------------------------------------|--|
| Name of Debtor<br><i>(ISA Commercial Mortgage</i>   |  | Case Number<br><i>06-10725 (LBR)</i>   |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <p>NOTE: See Reverse for List of Debtors and Case Numbers<br/>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>  |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| Name of Creditor and Address<br><i>Arthur I. Kriss<br/>2398 West 1050 North<br/>Hurricane, UT 84737</i>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| Creditor Telephone Number <i>(435 635-5466</i>  |  | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again<br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| Last four digits of account or other number by which creditor identifies debtor<br><i>Account ID 5619</i>   |  | Check here <input type="checkbox"/> replaces<br>if this claim <input type="checkbox"/> or<br><input type="checkbox"/> amends a previously filed claim dated _____  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <b>1 BASIS FOR CLAIM</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input checked="" type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries and compensation (fill out below)</td> <td><input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS # _____</td> <td>Unpaid compensation for services performed from _____ to _____<br/>(date) <span style="float: right;">(date)</span></td> </tr> </table> |  |  |  | <input type="checkbox"/> Goods sold   | <input type="checkbox"/> Personal injury/wrongful death                                      | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)              | <input checked="" type="checkbox"/> Unremitted principal | <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes | <input type="checkbox"/> Wages, salaries and compensation (fill out below) | <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) | <input type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) | Last four digits of your SS # _____ | Unpaid compensation for services performed from _____ to _____<br>(date) <span style="float: right;">(date)</span> |
| <input type="checkbox"/> Goods sold   | <input type="checkbox"/> Personal injury/wrongful death  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  | <input checked="" type="checkbox"/> Unremitted principal   |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <input type="checkbox"/> Services performed   | <input type="checkbox"/> Taxes   | <input type="checkbox"/> Wages, salaries and compensation (fill out below)   | <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <input type="checkbox"/> Money loaned   | <input type="checkbox"/> Other (describe briefly)  | Last four digits of your SS # _____  | Unpaid compensation for services performed from _____ to _____<br>(date) <span style="float: right;">(date)</span>   |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <b>2 DATE DEBT WAS INCURRED</b><br><b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed<br>See reverse side for important explanations  |  | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b><br><b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)<br>Brief description of collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <i>Unknown</i><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____<br><table> <tr> <td><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)</td> </tr> <tr> <td><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)</td> </tr> </table> <p>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p> |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) | <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) | <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) |  |   |                                |  |   |                                       |   |                                     |  |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)   |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)  |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)  |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <b>5 TOTAL AMOUNT OF CLAIM</b> \$ <i>50,000.00</i><br>AT TIME CASE FILED \$ <i>50,000.00</i><br>(unsecured) (secured) (priority) (Total)  |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges   |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim<br><b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary  |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)<br><b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911   |  |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><b>BY HAND OR OVERNIGHT DELIVERY TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245 |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| DATE<br><i>Jan 4, 2007</i>  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><i>Arthur I. Kriss</i> |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
| Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3671<br><i>149, a Ranch</i>   |  |  |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |
|   |  | <b>FILED JAN 08 2007</b><br>USA CMC<br><br>1072501876   |  |   |  |  |  |   |                                |  |   |                                       |   |                                     |  |

| <b>PROOF OF CLAIM</b>  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
|--|--|--|--|---|---|---|---|---|--|--|--|---|--|---|--|--|--|
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE Co</b>  | Case Number<br><b>06-10725-LBR</b>   |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br/>         This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>Name of Creditor and Address</b><br><b>LILY MARKHAM + IRENE ANNE<br/>MARKHAM-TAFYIA TULROS<br/>17746 FORE DAWN DR.<br/>LAS VEGAS, NV 89123-0756</b>   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>Creditor Telephone Number</b> ( <b>702 269 4651</b> )   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>Last four digits of account or other number by which creditor identifies debtor</b><br><b>7574</b>  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>1 BASIS FOR CLAIM</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages salaries and compensation (fill out below)</td> <td><input type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS # _____</td> <td>Unpaid compensation for services performed from _____ to _____<br/>(date) (date)</td> </tr> </table>   |  | <input type="checkbox"/> Goods sold  | <input type="checkbox"/> Personal injury/wrongful death  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) | <input type="checkbox"/> Unremitted principal   | <input type="checkbox"/> Services performed   | <input type="checkbox"/> Taxes          | <input type="checkbox"/> Wages salaries and compensation (fill out below) | <input type="checkbox"/> Other claims against servicer (not for loan balances)                     | <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly)  | Last four digits of your SS # _____   | Unpaid compensation for services performed from _____ to _____<br>(date) (date)              |   |  |  |  |
| <input type="checkbox"/> Goods sold  | <input type="checkbox"/> Personal injury/wrongful death  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  | <input type="checkbox"/> Unremitted principal  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Services performed  | <input type="checkbox"/> Taxes   | <input type="checkbox"/> Wages salaries and compensation (fill out below)  | <input type="checkbox"/> Other claims against servicer (not for loan balances)   |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input checked="" type="checkbox"/> Money loaned   | <input type="checkbox"/> Other (describe briefly)  | Last four digits of your SS # _____  | Unpaid compensation for services performed from _____ to _____<br>(date) (date)  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>2. DATE DEBT WAS INCURRED</b> <b>5/29/2005</b>  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed<br>See reverse side for important explanations  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>UNSECURED NONPRIORITY CLAIM \$</b> <table> <tr> <td><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority</td> <td><input checked="" type="checkbox"/> SECURED CLAIM<br/>Check this box if your claim is secured by collateral (including a right of setoff)</td> </tr> <tr> <td><input type="checkbox"/> UNSECURED PRIORITY CLAIM</td> <td><input type="checkbox"/> Brief description of collateral<br/><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</td> <td>Value of Collateral \$ <b>50,000.00</b></td> </tr> <tr> <td>Amount entitled to priority \$ _____</td> <td>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____</td> </tr> <tr> <td>Specify the priority of the claim</td> <td><input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)</td> </tr> <tr> <td><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</td> <td><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)</td> </tr> <tr> <td><input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</td> <td><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ )<br/>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</td> <td></td> </tr> </table> |  | <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority | <input checked="" type="checkbox"/> SECURED CLAIM<br>Check this box if your claim is secured by collateral (including a right of setoff) | <input type="checkbox"/> UNSECURED PRIORITY CLAIM                           | <input type="checkbox"/> Brief description of collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ | <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority | Value of Collateral \$ <b>50,000.00</b> | Amount entitled to priority \$ _____                                      | Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ | Specify the priority of the claim                | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) | <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) | <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ )<br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment | <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) |  |
| <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority   | <input checked="" type="checkbox"/> SECURED CLAIM<br>Check this box if your claim is secured by collateral (including a right of setoff)   |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> UNSECURED PRIORITY CLAIM  | <input type="checkbox"/> Brief description of collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority  | Value of Collateral \$ <b>50,000.00</b>  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| Amount entitled to priority \$ _____   | Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____   |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| Specify the priority of the claim  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)   |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  | <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)   |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  | <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ )<br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>\$ 50,000.00</b> <b>\$</b> <b>\$ 50,000.00</b><br>AT TIME CASE FILED (unsecured) (secured) (priority) (Total)   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 9111<br>El Segundo, CA 90245-0911  |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>BY HAND OR OVERNIGHT DELIVERY TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>THIS SPACE FOR COURT USE ONLY</b><br><b>FILED NOV 29 2006</b>   |  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |
| <b>DATE</b><br><b>11-21-06</b>   | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><br><i>Stefan Mattoya</i>  |  |  |   |   |   |   |   |  |  |  |   |  |   |  |  |  |

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC  
1072501522

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA  |   | PROOF OF CLAIM   |                                      |
| Name of Debtor<br><i>TAPIA RANCH<br/>"CASTAIC PARTNERS LLC"</i>   | Case Number   |  |                                      |
| <p>NOTE See Reverse for List of Debtors and Case Numbers<br/>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>   |   |  |                                      |
| <b>Name of Creditor and Address</b><br> 11321241003387<br>PATRICIA L TIEDE<br>5225 POOKS HILL RD APT 1520N<br>BETHESDA MD 20814-6765<br><br><i>301-493-6937</i>  |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court   |                                      |
| <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again<br><b>THIS SPACE IS FOR COURT USE ONLY</b>  |   |  |                                      |
| Creditor Telephone Number ( )   |   | Last four digits of account or other number by which creditor identifies debtor<br><br>Check here <input type="checkbox"/> replaces _____<br><input type="checkbox"/> or amends _____ a previously filed claim dated _____   |                                      |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Last four digits of your SS # _____<br><br>Unpaid compensation for services performed from _____ to _____<br>(date) (date) |   |  |                                      |
| <b>2 DATE DEBT WAS INCURRED</b> <i>9/28/2004</i>  |   | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |                                      |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed<br>See reverse side for important explanations   |   |  |                                      |
| <b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority   |   | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)<br>Brief description of collateral<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br><br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____   |                                      |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)   |   | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use -11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)<br><br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment |                                      |
| <b>5 TOTAL AMOUNT OF CLAIM \$</b> <i>\$ 50,000.00</i><br><b>AT TIME CASE FILED</b> <i>(unsecured)</i>   |   | <b>\$</b> <i>\$ 50,000.00</i><br><b>(secured)</b> <i>(priority)</i> <b>(Total)</b>   |                                      |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges   |   |  |                                      |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  |   |  |                                      |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary  |   |  |                                      |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim   |   |  |                                      |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)   |   |  | <b>THIS SPACE FOR COURT USE ONLY</b> |
| <b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  |   | <b>BY HAND OR OVERNIGHT DELIVERY TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |                                      |
| <b>DATE</b><br><i>11/01/2006</i>  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br> |  |                                      |
| USA CMC<br><br>1072501136  |   |  |                                      |

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA  |  | PROOF OF CLAIM   |                                      |
|---|--|--|--------------------------------------|
| Name of Debtor <i>USA Commercial Mortgage Co.<br/>+ Maxxair Airspeed Co.<br/>TADIA RANCH</i>  |  | Case Number  |                                      |
| <p>NOTE See Reverse for List of Debtors and Case Numbers</p> <p>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>   |  |  |                                      |
| Name of Creditor and Address<br><br><i>LOCKEER &amp; m Royer A/S<br/>TEMBERS PLAN<br/>Stephen Plunkett Trustee</i>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court   |                                      |
| Creditor Telephone Number <i>518-225-0600</i>   |  | DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again<br><br>THIS SPACE IS FOR COURT USE ONLY   |                                      |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here <input type="checkbox"/> replaces<br>if this claim <input type="checkbox"/> or<br><input type="checkbox"/> amends a previously filed claim dated _____  |                                      |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages salaries and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____<br>(date) (date)   |                                      |
| <b>2 DATE DEBT WAS INCURRED</b> <i>10/1/06</i>  |  | <b>3 IF COURT JUDGMENT DATE OBTAINED</b>   |                                      |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed<br>See reverse side for important explanations   |  |  |                                      |
| <b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority   |  |  |                                      |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority<br><br>Amount entitled to priority \$ _____  |  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)<br>Brief description of collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <i>0</i><br><i>AMT + INTEREST</i>                                    |                                      |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)   |  | <input type="checkbox"/> Up to \$2,225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)<br><i>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i> |                                      |
| <b>5 TOTAL AMOUNT OF CLAIM</b> \$ <i>10,000</i><br><b>AT TIME CASE FILED</b>  |  | \$ <i>* 100,000.00</i> \$ _____<br>(unsecured) (secured) (priority) \$ <i>* 110,000.06</i> (Total)   |                                      |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  |  |  |                                      |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  |  |  |                                      |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <u>DO NOT SEND ORIGINAL DOCUMENTS</u> . If the documents are not available, explain. If the documents are voluminous, attach a summary   |  |  |                                      |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim   |  |  |                                      |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time on <u>November 13, 2006</u> for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)<br><b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911 |  |  | <b>THIS SPACE FOR COURT USE ONLY</b> |
| <b>DATE</b> <i>10/19/06</i>   |  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim. (attach copy of power of attorney if any)   |                                      |
| BY HAND OR OVERNIGHT DELIVERY TO<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |  |                                      |
| <i>FILED OCT 19 2006</i>  |  |  |                                      |
| USA CMC<br> 1072500634   |  |  |                                      |

## UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA

## PROOF OF CLAIM - Chapter

 13  11  7  Other

Name of Debtor USA COMMERCIAL MORTGAGE COMPANY

Case Number

BK-S-06-10725-LBR

(This space for court use)

NOTE This form NOT be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U S C §503

Name of Creditor (The person or other entity to whom the debtor owes money or property)

ROCKLIN/REDDING LLC

Name &amp; Address where notice should be sent

Stephen R. Harris, Esq  
Belding, Harris & Petroni, Ltd  
417 W Plumb Lane  
Reno, NV 89509  
Telephone number (775) 786-7600 Check box if you are aware that anyone else has filed a proof of claim relating to your claim  
Attach copy of statement  
Giving particulars Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court

Account or other number by which creditor identifies debtor

Check here if this claim

 Replaces  Amends

A previously filed claim dated \_\_\_\_\_

## 1 BASIS FOR CLAIM

- Goods Sold
- Services Performed
- Money loaned
- Personal Injury/wrongful death
- Taxes
- Other

 Retiree benefits as defined in 11 U S C §1114(a) Wages, salaries and compensation (FILL OUT BELOW)

Your Social Security # \_\_\_\_\_

Unpaid compensation for services performed from

(Date) \_\_\_\_\_ To \_\_\_\_\_ (Date)

2 Date debt was incurred 9/28/04 Tapia Ranch (Castrac Partners)

3 If court judgment date obtained

4 Total amount of claim at time case filed \$ \$800,000.00 plus accrued interest, attorneys' fees and costs

If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges

## 5 Secured Claim

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate  Motor Vehicles Other \_\_\_\_\_

Value of collateral \$ UNKNOWN

Amount of arrearage and other charges at time case filed included unsecured claim, if any

\$ to be determined

## 6 Unsecured Priority Claim

 Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- Wages, salaries, or commissions up to \$4,300\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U S C §507(a)(3)
- Contribution to an employee benefit plan 11 U S C § 507(a)(4)
- Up to \$1,950\* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U S C §507(a)(6)
- Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U S C §507(a)(7)
- Taxes or penalties owed to governmental units 11 U S C §507(a)(8)
- OTHER Specify applicable paragraph of 11 U S C § 507(a)(\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits the amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

(This space for court use)

8 Supporting documents attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary

9 Date Stamped copy To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and a copy of this proof of claim

Date 12/23/06 Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Stephen R. Harris Attorney for Creditor

FILED DEC 26 2006

USA CMC



1072501750

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S C §152 &amp; 3571

## PROOF OF CLAIM

Name of Debtor:

USA COMMERCIAL MORTGAGE CO.

Case Number:

06-10725 (LBR)

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:



11321241001320

SPARKS FAMILY TRUST DATED 2/26/93  
 C/O MICHAEL R SPARKS & MURIEL S SPARKS CO-TRUSTEE  
 1812 CYPRESS GREENS AVE  
 HENDERSON NV 89012-6143

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (702) 619-7226

Last four digits of account or other number by which creditor identifies debtor:

TAPIA RANCH

Check here if this claim  replaces  or amends a previously filed claim dated: \_\_\_\_\_

## 1. BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicer (not for loan balances)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2. DATE DEBT WAS INCURRED: SEPT 2004

## 3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
 See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral: TAPIA RANCH

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral: \$ UNKNOWN

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

 Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( \_\_\_\_ ).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$ 50,000.00 \$ 50,000.00 \$ 50,000.00  
 AT TIME CASE FILED: (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
 BMC GroupAttn: USACM Claims Docketing Center  
 P. O. Box 9111  
 El Segundo, CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO:  
 BMC GroupAttn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

REC'D NOV 02 2006

DATE 10/30/06 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): MICHAEL R. SPARKS SPARKS FAMILY TRUST

USA CMC



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor  
USA Commercial Mortgage Company

Case Number  
06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT

## Name of Creditor and Address

11321242039722

YOUNG, PERCY  
1814 W OLNEY AVENUE  
PHOENIX AZ 85041

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

Check here if this claim replaces a previously filed claim dated \_\_\_\_\_  
 or amends \_\_\_\_\_

## 1 BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages, salaries and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # 9504

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2 DATE DEBT WAS INCURRED 9/28/2004

## 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 40,000

Amount of arrearage and other charges at time case filed included in secured claim if any \$ \_\_\_\_\_

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)  
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 90,000.00

AT TIME CASE FILED

\$ 90,000.00

\$ 90,000.00

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC Group

Attn: USACM Claims Docketing Center  
P.O. Box 9111  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group

Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 27 2006

USA CMC

1072500776

DATE SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

10/22/06

PERCY YOUNG

RUTH S. YOUNG

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor

Case Number

?

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503.

## Name of Creditor and Address



11321241003572

PERCY YOUNG & RUTH YOUNG  
1814 W OLNEY AVE  
PHOENIX AZ 85041-8617

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again  
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

Check here  replaces  
if this claim  or a previously filed claim dated \_\_\_\_\_  
 amends \_\_\_\_\_

## 1 BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U S C § 1114(a)

Unremitted principal

Wages salaries and compensation (fill out below)

Other claims against servicer

Last four digits of your SS # 9564

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2 DATE DEBT WAS INCURRED

9/28/2004

## 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 90,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ \_\_\_\_\_

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  
 Wages salaries or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  
 Contributions to an employee benefit plan 11 U S C § 507(a)(5)

Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

Other Specify applicable paragraph of 11 U S C § 507(a) ( )

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

\$ 90,000.00 \$ \_\_\_\_\_

\$ 90,000.00 \$ \_\_\_\_\_

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC Group

Attn: USACM Claims Docketing Center  
P O Box 9111  
El Segundo CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group

Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo CA 90245

THIS SPACE FOR COURT  
USE ONLY

FILED OCT 27 2006

USA CMC



1072500775

|                  |  |
|------------------|--|
| DATE<br>10/22/06 | SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br>Percy Young<br>Ruth S. Young |
|------------------|--|

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571